

# LETTER OF TRANSMITTAL REQUESTING REGISTRATION

**THIS FORM CONTAINS SENSITIVE INFORMATION - DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.**

The information on this form may be disclosed to the parties in the case, unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

**For IV-D cases, a Transmittal #1 and Child Support Agency Confidential Information Form must be attached.**

Responding IV-D Case Identifier: \_\_\_\_\_  
Responding Tribunal Number: \_\_\_\_\_

Initiating IV-D Case Identifier: \_\_\_\_\_  
Initiating Tribunal Number: \_\_\_\_\_

**NOTE:**

- Nondisclosure Finding/Affidavit Attached
- This form sent through EDE

- Action:**
- Register for Enforcement
  - Register for Enforcement of Arrears Only
    - Assigned Arrears
    - Non-assigned Arrears
  - Register for Modification
  - Register for Modification and Enforcement

## I. Case Summary: (Background of this Matter: Court / Administrative Actions)

Date of Support Order: \_\_\_\_\_ State and County/Tribe Issuing Order: \_\_\_\_\_ Tribunal Number: \_\_\_\_\_

| Current Obligation      | Amount | Frequency (per) |
|-------------------------|--------|-----------------|
| Current Child Support   | \$     |                 |
| Current Medical Support | \$     |                 |
| Current Spousal Support | \$     |                 |
| Other:                  | \$     |                 |

| Type of Arrears               | Amount | Period of Computation: from | to |
|-------------------------------|--------|-----------------------------|----|
| Total Child Support Arrears   | \$     |                             |    |
| Total Medical Support Arrears | \$     |                             |    |
| Total Spousal Support Arrears | \$     |                             |    |
| Total Interest                | \$     |                             |    |
| Other:                        | \$     |                             |    |
| Total Amount of Arrears:      | \$     | 0.00                        |    |
| Assigned Arrears Only:        | \$     |                             |    |

(Attach documentation of TANF time periods.)

## II. Obligee Information:

Parent  Caretaker

Obligee's Legal Name (First, Middle, Last, Suffix): \_\_\_\_\_

Obligee's Address: \_\_\_\_\_

If Caretaker: Relationship to Child(ren): \_\_\_\_\_  Has legal custody/guardianship of the child(ren)

## III. Obligor Information:

Obligor's Legal Name (First, Middle, Last, Suffix): \_\_\_\_\_

Obligor's Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_



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## IV. Other Pertinent Information

This order is registered in the following states: \_\_\_\_\_

Attach description and location of any property not exempt from execution.

Identify any source of income of the obligor in addition to employment: \_\_\_\_\_

Other: \_\_\_\_\_

## V. Attachments: Required - Two copies, including one certified copy, of the order to be registered, including any modification of the order.

The following documents are also attached and part of this Letter of Transmittal Requesting Registration:

- Certified statement of arrears (IV-D agency or other government entity record)
- Sworn statement of arrears (direct payments)
- Order determining arrears
- Description and location of any property not exempt from execution
- Other attachments: \_\_\_\_\_

**NOTE:** If requesting registration for modification, also attach a Uniform Support Petition, and General Testimony, and a Personal Information Form for UIFSA § 311.

## VI. Declaration:

Under penalty of perjury, all information and facts stated in this Letter of Transmittal Requesting Registration are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date                      Name       Party seeking Registration       IV-D representative/title                      \_\_\_\_\_  
Signature)

\_\_\_\_\_  
Date                      Printed name of petitioner's private attorney and attorney/bar number (if applicable)                      \_\_\_\_\_  
Signature of petitioner's private attorney

### Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

